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**STUDENT CHANGE FORM**

**GET Account Number**

Name

**Social Security Number**

**Birth Date**

**Benefit Use Year**

Street Address / Apt Number

Post Office Box Number

City / State / Zip Code

E-Mail Address

Telephone Number (s)

**Purchaser**

**Current Student**

Fall

**New Student**

Name

**Social Security Number**

**Birth Date**

**Benefit Use Year**

Fall

Street Address / Apt Number

Post Office Box Number

City/State/Zip Code

E-Mail Address

Telephone Number (s)

**Reason for Requested Change**

I certify that the above information is true and accurate to the best of my knowledge.

**Current Purchaser's Signature / Date**

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